

STATE OF MONTANA
DEPARTMENT OF JUSTICE
DIVISION OF CRIMINAL INVESTIGATION
Criminal Records and Identification Services Section

Tim Fox
Attorney General



2225 11th Avenue
PO Box 201403
Helena MT 59620-1403

Date: _____

To Whom It May Concern:

I, _____ respectfully request the removal of my non-
Conviction(s)

Per MCA 44-5-202(8b). The arrest happened on _____, I was charged
with _____

Name _____

Date of Birth _____

Social Security Number (optional) _____

Return Address: _____

Phone Number _____

Sincerely Yours,

Fax or mail request to the address listed above. Request must include a photo copy of Driver's License
or other State issued photo ID. This is required for verification of identification.

Allow 30 days for processing

Telephone: (406) 444-3625

Fax: (406) 444-0689